


CITY OF BLYTHE
PARK USE APPLICATION

APPLICANT NAME: _____ TITLE: _____

NAME OF ORGANIZATION: _____

MAILING ADDRESS OF ORGANIZATION:

STREET OR PO BOX: _____ CITY: _____ STATE: _____ ZIP CODE: _____

PURPOSE OF USE: _____

NUMBER OF PARTICIPANTS: _____ PARK REQUESTING: _____

DATE (S) OF REQUESTED USE: _____ HOURS OF REQUESTED USE: _____

WILL THERE BE A JUMPER/BOUNCER: _____ YES _____ NO

CONTACT PERSON: _____ PHONE NUMBER: _____

ALTERNATE DAYTIME PHONE NUMBER: _____

NOTE: The City of Blythe has first right to use of the park(s). Should a conflict occur the City's right will prevail. The City will make every effort not to create an inconvenience for applicants, but you may be requested to rearrange your schedule

INSURANCE: A certificate of insurance in the minimum amount of \$1,000,000 naming the City of Blythe as an additional insured is required, and must be attached to this application. Further, the applicant agrees to hold the city harmless for any liability in the event of any accident or misfortune. **Certificate of Insurance must be addressed to:**

City of Blythe
235 N. Broadway
Blythe, CA. 92225

SCHEDULE: Applications must be turned in and completed 10 working days prior to the event. **You are required to attach a SCHEDULE OF ACTIVITIES to this application.**

APPLICANT ACKNOWLEDGMENT: Please read each box carefully. Each box must be checked before signing.

- I understand that the sale and/or consumption of alcohol in any part of the park is **PROHIBITED** except by **SPECIAL PERMIT** in a designated area. If you intend to sell alcohol, an ABC permit is required.
- I understand that **DRIVING** or **PARKING** on the grass is **PROHIBITED**.
- I understand that **ALL RUBISH** created during the event must be contained in rubbish bags and placed in dumpsters or hauled off. Dumpsters are provided in the parking area between the Ball Fields and Todd Park and are also available at Miller Park.

Date

Applicant Signature

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.....**CITY USE ONLY**.....

1. Insurance Certificate attached: YES NO 1a. Expiration Date of Insurance Certificate: _____
2. Schedule Attached: YES NO
- PERMIT:** APPROVED DENIED DATE: _____

DATE

POLICE CHIEF

DATE

PUBLIC WORKS DIRECTOR